

Chlorine Dioxide Systems Monthly Report (In addition to the DBPR report)

System Name:

PWSID#:

Reporting period:

Signature:

Date:

Type of Chlorite monitoring: ☐ Reduced ☐ Routine

(Note: Chlorite testing not required for TNC)

Month:

Location:

	Sample	ClO ₂ (mg/L)	> 0.8 mg/L?	Clorite(mg/L)	> 1.0 mg/L?
	Date	Daily Sample	yes/no	Daily Sample	yes/no
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

3-sample set for Chlorite (and additional sets if needed)

Location				
Date	1st customer	Average time	Max. time	Average
Were any averages > 1.0 mg/L?:			<input type="checkbox"/> No	<input type="checkbox"/> Yes
Were any samples > 1.0 mg/L?:			<input type="checkbox"/> No	<input type="checkbox"/> Yes

3-sample set for ClO₂ if needed

Date	1st	2nd	3rd
Were any samples > 0.8 mg/L?:			<input type="checkbox"/> No <input type="checkbox"/> Yes
This is an acute violation			

Were any of the daily ClO₂ samples > 0.8 mg/L? ☐ No ☐ Yes

Must take a 3-sample set following any daily sample > 0.8 mg/L

Are any 2 consecutive days ClO₂ > 0.8 mg/L? ☐ No ☐ Yes

This is a non-acute violation

Were daily Chlorite samples > 1.0 mg/L? ☐ No ☐ Yes

Must take a 3-sample set following any daily sample > 1.0 mg/L